

**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
SCHOOL OF NURSING AND MIDWIFERY  
DEPARTMENT OF NURSING POSTGRADUATE PROGRAM**

**COPING STRATEGIES OF STRESS IN BREAST CANCER  
PATIENTS AT TIKUR ANBESSA SPECIALIZED HOSPITAL,  
ADDIS ABABA, ETHIOPIA, 2020, A CROSS-SECTIONAL  
STUDY**

**BY: BETHLEHEM ASSEFA (BSC)**

**A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY COLLEGE OF  
HEALTH SCIENCE, SCHOOL OF NURSING AND MIDWIFERY FOR  
THE PARTIAL FULFILLMENT OF MASTERS SCIENCE IN CLINICAL  
ONCOLOGY NURSING**

**JUNE, 2020**

**ADDIS ABABA, ETHIOPIA**

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## **APPROVAL BY THE BOARD OF EXAMINATION**

This thesis by Bethlehem Assefa (BSC) is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in clinical oncology nursing.

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## **STATEMENT OF DECLARATION**

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national and international scientific community. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma or certificate.

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## **ACRONYMS/ABBREVIATIONS**

AAU- Addis Ababa University

AOR- Adjusted Odd Ratio

CI- Confidence Interval

COR- Crude Odd Ratio

EFC-Emotion-focused Coping

ETB- Ethiopian Birr

QOL-Quality of Life

PFC- Problem-focused coping

SPSS-Statistical Product for Social Science

TASH- Tikur Anbessa Specialized Hospital

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## Abstract

**Background-**Diagnosis of breast cancer can be stressful, impacting on multiple domain of life, affecting physical status, emotional and spiritual well-being and personal relationships for the patient and mostly affects woman's body image, sexuality leads to stress. In order to adapt, the patient used different coping methods. Variations may occur from one person to another person due to individual coping strategies, personality factors, and the level of social support available to them. In Ethiopia studies conducted so far are very limited.

**Objectives-**To identify Coping Strategies of Stress in Breast Cancer Patientst at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2020

**Methods-**Institution based cross-sectional study design was conducted from February to April 2020 at Tikur Anbessa Specialized Hospital. Quantitative approach convenient sampling technique was used and sample sizes of 264 are participated in the study. The data was collected using structured and semi structured questionnaire and analyzed using SPSS version 25. The statistical analysis was done at 95% confidence and p-value of <0.05 was considered to declare statically significance. Descriptive statistics, Bivariate and multivariable binary logistic regression analysis was employed for data analysis and tables, figures and pie charts are used to present data results.

**Result-** The mean of practicing positive coping strategies for breast cancer stress is  $25.48 \pm 3$ . And therefore, is negative coping stress. Around 64% of the participants solve their problems by confrontive stress coping strategy. More than 73% participants solve their problems by distancing stress coping strategy. In the self- controlling coping mechanisms of stress, the higher participants do most of the activities for positive coping strategy.

**Conclusion-** Being uneducated, working in governmental organizations, 1-3 times of diagnosis for breast cancer, being taking combination chemotherapy and having social support have been associated with outcome of stress coping strategies.

**Recommendation-** Better to take special attention on the accessibility of cancer treatment and social support in order to address the use different coping strategies.

**Key words** - coping strategies, stress, and breast cancer



# 1. INTRODUCTION

## 1.1. Background

Breast cancer is the most common cancer of women accounting for 23% of all newly diagnosed cancer cases worldwide. It shows the leading cause of cancer death accounts 14.1%(1). In Ethiopia it is the most Common cancer in women accounts for 34% of all female cancer cases followed by cervical cancer at 16%. According to world health organization (WHO) 2015, annually around 60,000 new breast cancer cases are diagnosed in Ethiopia(2,3). It is approximated that one-third of people being diagnosed with cancer will undergo psychological and emotional suffering at some degree during their cancer experience(4). Cancer patients are stressed with uncertainty, disease severity, physical difficulties, medical treatments, psychological state, and family issues (5).

Breast cancer causes psychological distress to the patients due to the incurable nature based on their stage along with its reoccurrence than the diagnosis.(3).Chemotherapy has various physiological and psychological side effects. The psychological side effects that may occur including stress, anxiety, and depression. This stress leads to develop coping strategies by individuals to prevent further psychological disorders(6). Coping is an individual's effort to control stress and adjust to the needs of added problems. Use of different coping mechanisms relief the effects of stress on an individual's physical and psychologic symptom(7).

It is known that diagnosed with cancer is considered a major stressful event, with the effects of diagnosis and treatment impacting the quality of life of directly (patients) and indirectly (family members). Many researchers have argued that individual differences in cancer survivors coping strategies can predict the path in which one adjusts to a diagnosis and/or may predict survival from cancer(4).

Coping strategies reported were classified into four groups: faith, compliance with the medical regimen, seeking information and social support, and self-distraction(8).Inadequate coping is

related with higher levels of psychological suffering. Thus, the types of coping strategies that patients use may also determine the distress that go with in cancer(9).

Coping strategies can be measured for effectiveness in the long and short terms. Short term include helping an individual to alleviate in a particular stressful situation and let them to adapt his or her own emotional reaction to the stress. In the long-term, the patients might keep and make better to their social function and personal health (7,10).According to Lazarus and Folkman, coping strategies classified into problem focused coping and emotion focused coping. Problem focused coping include seeking social support, Plan full problem solving and confrontive coping. Whereas emotion focused coping includes positive appraisal, distancing, accepting responsibility, self control, escape/avoidance and seeking social support(11).

Effective coping methods allow a patient to face the disease and treatment with an active and positive attitude, which can alleviate symptoms. Incompatible coping strategies can aggravate the degree of distress and affect the patient's physical and emotional health. A coping strategy that is efficient at one time may not necessarily be efficient in another position or at a different time and also change from one person to another person(7,12)..

Studies show that coping strategies of stress in general population of Africa is lower than other continents However, there is a limitation of studies in stress of breast cancer patients. The same is true in Ethiopia context; as far as strongly searched, there is few study found on coping strategies of stress in breast cancer patients(1,13). So, determining increasing use of coping strategies has paramount importance and it will fill the gaps in this regard.

## 1.2. Statement of the problem

Stress is a major psychological issue in cancer patients from diagnosis, through treatment and prognosis, even after the disease is long gone(5). Stress is regarded as a major problem in today's world. As estimated, 75% of patients with physical conditions experience stress, which is known as a risk factor for heart conditions and cancer as two important factors of mortality, worldwide. Increase in stressors and decreased human tolerance against factors due to changes in lifestyle have made stress a complex and basic problem, as it is determined by different factors and their interactions. (14).

Treatment brings with it side effects that are source of symptom distress for patients; even so, treatment can relieve or eradicate the symptom distress caused by tumors, but such treatments also increase patients' symptom distress, affecting them physically, emotionally, and socially. Patients often make an effort to reduce the severity of symptom distress, therefore minimizing its effect. Effective adaptation by patients with cancer to their illness and to the stress of treatment increases the feeling of control, fills the patient with hope, gives the patient goals for the future, and enables him or her to interact in society to seek related information and make positive lifestyle changes, and enables appropriate emotional expression(7).

As investigation indicates most physicians do not ask about patient psychological symptoms due to their busy schedule, indifference as well as burnout and also cancer patients do not discuss with their physician, about their psychological symptoms; because of this, psychological morbidity goes unrecognized and untreated. The patient, if not counseled for psychological distress, may discontinue medications and give up good health habits. He/she may sometime withdraw from family or other support systems and thus be unable to cope with emotional and financial problems. Irrespective of their religious beliefs and cultural background, all cancer patients undergo some amount of stress(15).

Some studies show that, patients feel frightened by interventions, like chemo- or radio-therapy, and they concern about losing their bodily integrity, independence, and social roles aside from the fear of dying(5).The cancer patients themselves face problems concerning the lack of open communication with family and friends. Although they may need to talk about their illness, they

find themselves protecting family and friends by not mentioning it. Close relations look to have trouble in handling information about the patient's disease(16).

Studies showed that during the first 2 years of survivorship, approximated 30–45% of women with breast cancer have psychological morbidity, including anxiety and depression. Emotional distress has negative physiological consequence for breast cancer patients. In addition, studies have shown that specific coping strategies, like emotional expression, positive reappraisal, and social support are important to the physical and emotional wellbeing of breast cancer patients(17).

The negative cognitive biases and self-concept seen in individuals with distress may weaken their use of coping strategies and thereby affect the outcome. Coping strategies also vary across cultures. The choice of coping strategies depends on the nature of the stressor, the person's perception of the seriousness of the experience, availability of resource for coping and the effectiveness of a given coping strategy(18).It shows the gap between what factors influence coping strategies and what is important in studying which coping method commonly used and types of coping methods.



### **1.3. Justification of the study**

The main aim of this study was to identify Coping Strategies of Stress and factors influencing use of positive coping strategies in Breast Cancer Patients at Tikur Anbessa Specialized Hospital. The disease pattern is increasing worldwide leading to dependency and high burden in breast cancer patients. Among all types of cancers, breast cancer is the most common cancer among women. Psychosocial distress has been identified as an important issue for patients with breast cancer. The breast cancer illness has several challenges for women: worry about the side effects of the treatment, adjusting to the bad news, decision making for treatment, survival and finally acceptance of death(17). Diagnosis with breast cancer is a very stressful event and there are different coping methods to alleviate the problem.

Although the presence of studies on Coping Strategies, none of them concern about stress in breast cancer patients and also important in studying which coping method commonly used and types of coping methods. The need to identify Coping Strategies of Stress in Breast Cancer Patients is important in Ethiopia.

## **2. Literature Review**

### **2.1. General concept of coping strategies of stress**

Coping is a stabilizing factor that helps an individual in psychosocial adjustment during stressful events(19). Stress is a connection between an individual and the environment that is appraised by the person as far beyond his or her resources and threatens his or her well-being. Cognitive appraisal is the process of classing an encounter, with respect to its meaning for well-being. Coping defined as cognitive and behavioral attempt to dominate, decrease, or tolerate the internal and external requirement which is developed by the stressful transaction(20).

### **2.2 Coping methods of stress**

A study done in Australia women with breast cancer who used in active adaptive coping was by engaging the importance of accepting their diagnosis and engaging in physical activities that provided social and emotional support including greater appreciation for life(4).

A study done Philadelphia, Pennsylvania patients use different ways of coping include reading the Bible, sleeping as much as possible, drinking alcohol, and hobbies some patients attempt to be more positive in their outlook, believing everything by enjoying each day more(16).

Studies have shown that in North Sumatera, Indonesia shows that from the 102 cancer patients are on chemotherapy treatment (68.6%) had good family support, (65.7%) were highly to use the Problem-Focused Coping (PFC), (30.4%) were highly to use the Emotion-Focused Coping (EFC) strategy, (52.0%) experienced moderate anxiety, and only (2.0%) experienced severe anxiety(6)..

Studies have shown that in Springer, Berlin randomized controlled trial found that quality of life was improved more by education in coping skills than was found for a peer support group.

A study conducted in Taiwan show that women patients with high level of educational status, who were not working or who were retired, had no tumor recurrence, who were nonsmokers, had a long history of treatment to date, living with family members during treatment, and who were in patients receiving chemotherapy showed significantly higher use of problem focused coping strategies(7).

A study conducted in Iran found that using problem-focused coping can be effective for adjusting the psychological reactions in the breast cancer patients and those with high self-esteem are confident of their ability to confront cancer; therefore, they are less likely to apply emotion-focused strategies. Most participant uses different stress coping skills such as creative thinking, problem-solving, flexible behaviors and giving proper feedback in any given position, can be useful, depending on the nature of the position and the individual's vulnerabilities and capabilities(14).However the study in Taiwan Patients with breast cancer facing stress often rely on religion, obey treatment regimens, seek social support, and distract their attention from their symptoms. Patients use more emotion-focused coping strategies than problem-focused coping strategies when they believe that can do nothing due to the negative feeling of their illness. (7).

A study conducted in Lebanon, describe that both social support and spirituality as important factors in coping. Similarly, a study reported in Iran used religious activities for coping. They used strategies like positive suggestion, hope, and intentional forgetfulness. In addition to that strategies such as relying on prayer, avoiding negative people, developing a positive attitude, having a will to live and receiving support from family, friends and support groups were used by patients.(1)

A study conducted in Egypt; show that large magnitude of patients having breast cancer used acceptance, religion, and emotional support in coping with the stress. Patients which has a depressive symptoms scored higher in venting while those with anxiety scored higher positive reframing, planning, and venting(22).

Study in Zambia shows that mostly used coping mechanisms for the patient is seeking social support, reliance on God, positive suggestion/attitude or re-affirmation and acquisition of information and education(1).

Studies of healthy populations assert that men use more problem focused than women and women prefer emotional focused coping. A meta-analysis of gender and coping asserts that men engage in more problem focused and avoidant coping than women, but women engage in more coping overall than men. (14).

A study conducted in Ethiopia that most of the participants used negative coping activities like poor communication with health care professionals about their disease process(13).

### **2.3. Socio-demographic characteristics of patients**

Studies conducted in USA suggested that the levels or quality of social support are associated with coping strategies in influencing emotional or physical well-being(23). Similar study in Iran show that the effectiveness of social support in improving emotional well-being. However, this study expands the role of social support by showing that perceived social support not only directly increases emotional well-being, but also may indirectly influence emotional well-being by affecting the choice of specific coping strategies(14).

A study shows that Dehradun, India the prevalence of psychological distress was found to be significantly higher in female patients, older age, patients with no formal education, unemployment and lower socio-economic status(15). Similar study in Egypt shows that the socio-demographic factor for breast cancer patients indicate that the average age was >40 years and about half of them were illiterate, most of them were housewives and married (22).

A study conducted in Ethiopia that educational and occupational statuses of the participants and being married were positively associated with positive coping approaches of the respondents(13).

Summary- The most coping methods which is practicing in the most countries are accepting their diagnosis, providing social and emotional support, reading bible, sleeping, obey treatment regimen, rely on religion, receiving support from family. The socio-demographic in most countries are the average age was >40 years and about half of them were illiterate, most of them were housewives and married patients with no formal education, unemployment and lower socio-economic status.

## 2.4. Conceptual Framework of the study

It shows the effect of independent variables on dependent variables.

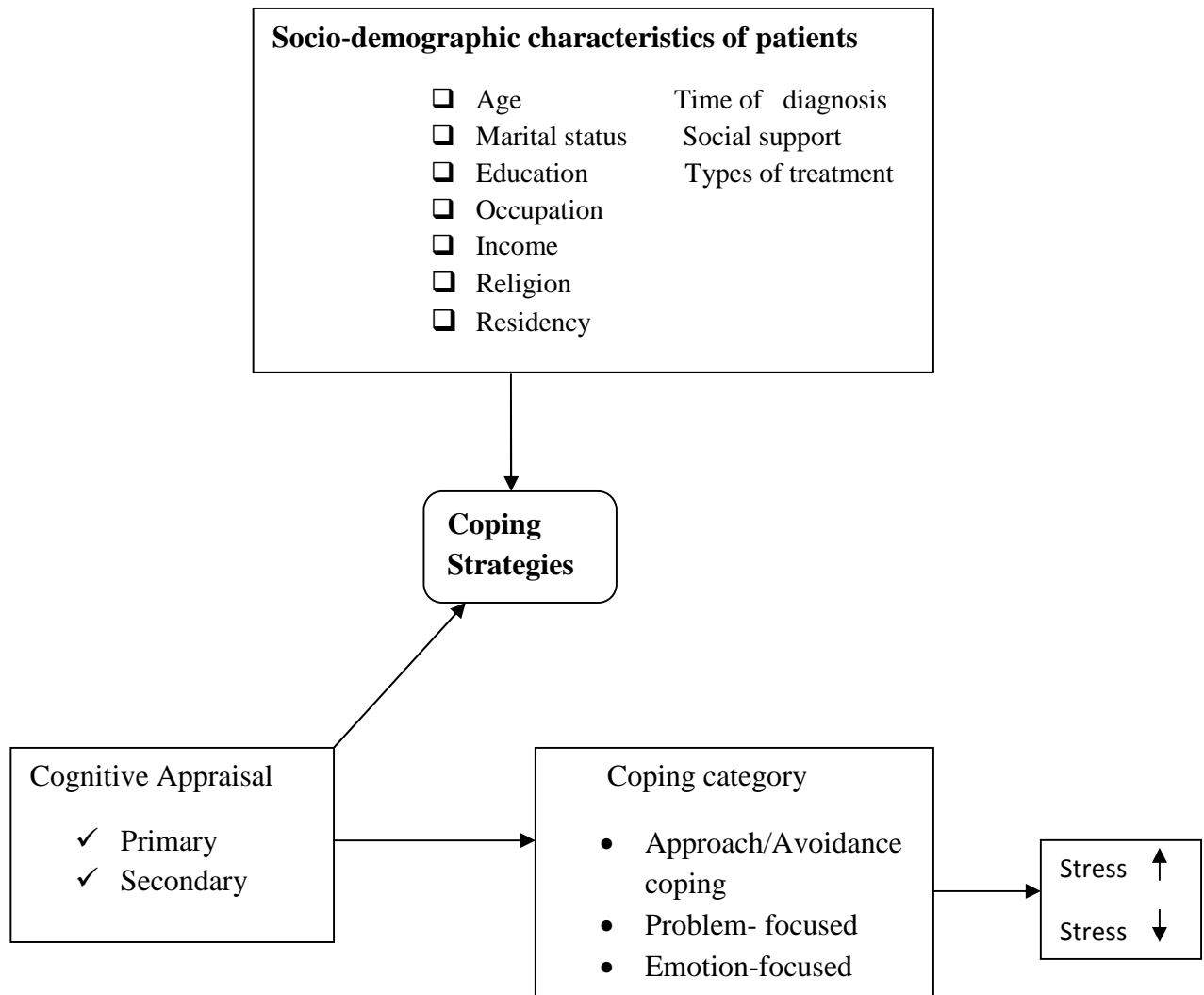


Figure 1: Conceptual framework of coping Strategies of Stress in Breast Cancer Patient at TASH, Addis Ababa, Ethiopia 2020 Adapted from “Positive psychological states and coping with severe stress,” by S. Folkman, 1997

### **3. OBJECTIVES**

#### **3.1. General objective**

1. To identify Coping Strategies of Stress in Breast Cancer Patient at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2020.

#### **3.2. Specific objectives**

1. To describe the various strategies used by breast cancer patient to cope with such stress at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2020.

2. To investigate coping strategies and associated factors in breast cancer Patient at Tikur Anbessa Specialized Hospital, Addis Ababa, Ethiopia, 2020

## **4. METHODS AND MATERIALS**

### **4.1. Study Area and Study Period**

The study was conducted at oncology unit of Tikur Anbessa Specialized Hospital (TASH) from February to April 2020. Tikur Anbessa Specialized Hospital is located at the center of the city which serves as a referral center for all sorts of patients coming from every side of the country. The hospital has 627 beds and give diagnostic and treatment service for about 400,000 patients per year. The oncology unit at TASH is the national sole cancer referral center since 1997 established by Ethiopian Government in collaboration with and International Atomic Energy Agency. It has an outpatient unit which gives service to new and follow-up patients and an in-patients unit (with 19 beds), which for those who need to stay in the hospital for their treatment.

### **4.2. Study design**

Institution based cross-sectional study was conducted to identify coping strategies of stress and associated factors among breast cancer patientst at TASH.

### **4.3. Population**

#### **4.3.1. Source Population**

The source population was all breast cancer patients attending Tikur Anbessa Specialized hospital oncology unit.

#### **4.3.2. Study Population**

The study population was breast cancer patients >18 year visiting Tikur Anbessa Specialized hospital oncology unit during the study period and who fulfill inclusion criteria were included in the study.

### **4.4. Inclusion and Exclusion Criteria**

#### **4.4.1. Inclusion Criteria**

The breast cancer patient who fulfilled the following criteria was included study.

- Age >18 years
- In a general condition, sufficient to be able to make an interview.

#### 4.4.2. Exclusion criteria

Those breast cancer patients:

- Mentally incompetent patients and
- Breast cancer patients who were seriously sick during data collection.
- Male breast cancer

#### 4.5. Sampling Procedure

A convenient sampling technique was used.

#### 4.6. Sample Size Determination

Sample size was calculated using single population proportion.

Sample size calculation formula  $n = \frac{(z_{\alpha/2})^2 * p(1-p)}{d^2}$

Where n = sample size

$Z(\alpha/2) = 1.96$ , which was the upper percentile of the standard normal distribution

P=since current actual coping strategies of stress was not known, in breast cancer patient, was assumed to be 50%.

d = difference from the actual figures of source population, which was taken to be 5%.

The result of computation was  $n = 384$

Since the total population is less than 10,000, correction formula is used

$n = no / (1 + no/N)$

$n = 384 / (1 + 384/700)$

$n = 240$

Then including 10% non-response rate  $240 \times 10\% + 240 = 264$

#### 4.7. Data collection instrument

Data was collected using a pre-tested structured and semi structured questionnaire. The questionnaire used to assess coping mechanism contains 52 items that is adopted from Lazarus and Folkman(13). The questionnaire adopted is modified depending on the local situation and the research objective.

The questionnaire which was prepared first in English was translated into Amharic and translated back in to English by different persons to check for consistency was used for data collection. The



questionnaire included socio demographic characteristics and coping activities list, this was back translated to English language.

## 4.8. Study Variables

### 4.8.1. Dependent Variable

- ❖ Coping strategies

### 4.8.2. Independent Variable

- ✓ Socio-Demographic characteristics:

Age

Religion

Marital status

Income

Educational status

Residency

Employment

Social support

- ✓ Clinical Characteristics

Durations since diagnosed breast cancer

## 4.9. Operational Definitions

**Primary appraisal-** Coping processes are a direct response to a person's appraisal of the stressor. For this study primary appraisal will operationalized as a score on the cognitive appraisal of health scale. The event is appraised as either harmful score range 8-40, threatening 5-25, challenging 6-30 or irrelevant 4-20. (4).

**Secondary appraisal-** refers to an individual's assessment of whether one has the resources to deal with the threat; was measured based on answers to questions 15,19,32,45,48 score range from 1 to 5 for each item(4).

**Positive coping strategy-** participant score which is summation 52 coping activity list that is mean above 25.

**Negative coping strategy-** participant score which is summation 52 coping activity list that is mean below 25.

#### **4.10. Data Collection Procedures**

The data collection process included two data collectors who are BSC nurses working at oncology unit and one MSC nurse working as clinical nurse supervisor were trained for one day about data collection instruments and the aim of the study. The data was collected using pre-tested structured and semi-structured questionnaires.

Based on their willingness to participate in the study, they were interviewed by the interviewer. After they completed the interview, the questionnaires were returned to the supervisors.

#### **4.11. Data Quality control**

Pretesting of the sample size was conducted on 5% of sample size. This pretesting was done within 2 weeks before data collection at Saint Paula's Millennium Hospital. 13 breast cancer patients for pre-test were participated. From pre-test the author found that it takes 20 minutes.

All filled questionnaires were checked for completeness, accuracy, and consistency. Necessary corrections and changes were employed after data collection. Besides this, the principal investigator carefully entered and thoroughly cleaned the data before the commencement of the analysis.

#### **4.12. Data analysis**

The data were cleaned, checked for inconsistencies and missing values, coded and entered in to EPI INFO and then transported SPSS (version 25) for analysis. Descriptive statistics were computed for the coping strategies of breast cancer patients .The data were organized and presented by using tables and frequencies to see the overall distribution of the study subject with the variables under study. Mean/standard deviation was used to describe a continuous variable. For bivariate analysis crude odds ratio was computed to assess the presence and degree of association between different variables with 95% CI. Binary logistic regression analysis was performed to assess the relationship between independent and dependent variables.

#### **4.13. Ethical Consideration**

Ethical clearance and approval was obtained from Institutional Review Board (IRB) Protocol number: (062/20/SNM) of the AAU College of Health Sciences School of nursing and midwifery. Official letter was obtained from department of Nursing and Midwifery. Additionally permission of data collection was obtained from TASH clinical director and from oncology unit.

After explaining the purpose and possible benefit of the study, oral and written informed consent was obtained from each patient before starting the procedure.

The confidentiality was maintained in each level of the response in the study. The study was explained fully (i.e. the aim of the study, significance of the study) to each patient before joining the study and after the patient agreed to participate the informed consent was given to sign. For the purpose of confidentiality, the names of participant was not recorded instead code number was used. The study participants were informed about the rights to refuse to join, ask any question or withdraw at any particular point during data collection process without being frustrated.

#### **4.14. Dissemination of the Result**

The result of this study will be presented for different seminars and workshops and for the academic school of Nursing and Midwifery of Addis Ababa University and to publish in reputable journals.

## 5. RESULT

### 5.1. Socio demographic characteristics

A total of 264 breast cancer patients participated in this study with a response rate of 100%. From the total of 264 study participants 153 (58%) were Addis Ababa residents. The mean age of the participants was 44.9 years and standard deviation of 12.81 ranging from 25 the youngest and 76 years the oldest participant. Majority of the study participants (45.8%) were in the age range 40-54 years.

Majority 150 (56.8%) of the respondents were orthodox Christians and Muslim followers were the second largest group (22%). Fifty (18.9%) of the study participants can't read and write or had no formal education whereas only 72 (27.3%) had completed preparatory school and above.

Regarding marital status, 106 (40.2%) were married and 77 (29.2%) of them were single or unmarried, only 14% of the study participants were widows. Majority of the study participants were worked as house wife and only 6.1% of them were farmers. More than seventy six percent (201) of the participants took Combination or hormonal therapy medications, whereas only 8 (3%) of them took only surgery without chemotherapy or radiation as breast cancer treatment.

Majority of the breast cancer patients diagnosed 1-3 years ago and more than 5 years have passed since diagnosed for breast cancer for less than 9% of the breast cancer patients. Near to seventy percent or (183) of them had support from their families, of which more than 80% of social support was from families and relatives. More than 60% of the study participants had fixed monthly income at but near to 40% of them did not earn monthly as an income even a penny.

Table 1- Socio-demographic characteristics of breast cancer patients in Tikur Anbessa specialized hospital 2020

Factors	Category	Frequency(n)	Percent (%)
Area of residence	Addis Ababa	153	58
	Out of Addis Ababa	111	42
Age	25-39 years old	91	34.5
	40-54 years old	121	45.8
	55-69 years old	38	14.4
	70-84 years old	14	5.3
Religion	Orthodox Christian	150	56.8
	Muslim	58	22
	Protestant	41	15.5
	Catholic	15	5.7
Level of education	No education	50	18.9
	Elementary completed	45	17
	High school completed	97	36.7
	Preparatory and above	72	27.3
Marital status	Single	77	29.2
	Married	106	40.2
	Divorced	44	16.7
	Widow	37	14
Occupation	Housewife	121	45.8
	Government employee	67	25.4
	Non-government employee	39	14.8
	Farmer	16	6.1
	Merchant	21	8
	Duration since diagnosis of breast cancer	Less than 1 Years	62
	1-3 Years	117	44.3
	3-5 Years	62	23.5
	Greater than 5 Years	23	8.7
Type of treatment	Chemotherapy	44	16.7
	Radiotherapy	11	4.2
	Surgery	8.0	3.0
	Combination or hormonal therapy	201	76.1
Family support	No	81	30.7
	Family and relatives	147	55.6
	Friends and acquaintances	23	8.7
	Nurse and physicians	13	4.9
Monthly income	No	103	39.1
	Less than 500	59	22.3
	500 and above	102	38.6

## 5.2. Coping strategies of stress in breast cancer patient

The coping strategy of breast cancer patients is measured by calculating primary appraisal. Primary appraisal is calculated by mean and proportion of the 52 list of activities. confronting, distancing, self-controlling, seeking social support, accepting responsibility, positive re appraisal, escape avoidance coping activity and plan full problem solving which are the components of breast cancer patients stress coping strategy measuring components.

Here a total of 52 list of activities asking whether breast cancer participants in the current study area did or didn't. As shown in table 2 below based on the analysis, the primary appraisal of the study participants is 24. The coping strategy of breast cancer patients in this study is threatening. In this study breast cancer participant's countered good stress coping strategies only in 24 stress coping activities. In the remaining 28 coping activities the study participants provided a negative response or they did not do these activities. This indicates greater number of breast cancer patients didn't practice positive coping activities as shown in table 2.

The **Secondary appraisal** which analyzed measuring answers to questions 15, 19,32,45,48 score ranges from 1 to 5. Then the secondary appraisal was also found to be 2 out of 5. The items "I went along with fate; sometimes I just have bad luck" and "I got professional help" have 73.1 and 97.7% responses. Therefore, participants have negative stress coping strategies.

Majority 62.1% of the participants stood on their ground and fought for what they wanted, and around 64% of the participants took a big chance or did something very risky to solve their problems by confrontive stress coping strategy.

Participant in the current study revealed that they cope from stress of breast cancer by distancing doing the activities of coping strategies. Above 64% of them "didn't let it get to them; refused to think too much about it" and more than 73% of them cope for stress for they went along with fate; sometimes they just have bad luck.

In the self- controlling coping mechanisms of stress, the higher percentages of participants do most of the activities for positive coping strategy. Except only 36.4% went over in their mind what they would say or do and only 34.1 % kept others from knowing how bad things were.

Regarding seeking social support more than 81% of the study participants talked to someone who could do something concrete about the problem and except only 6 near to 98% of them got professional help. But the rest of seeking social support activities had a smaller number of participants doing them.

Most of the study participants didn't do all activities of accepting responsibilities except only 76.5% of them told themselves things that helped them to feel better.

Only 19.3% of study participants didn't inspired to do something creative about the problem of positive re appraisal, but the higher number of participants does them for the rest activities of positive reappraisal.

From escape avoidance coping activities more than 72% of the participants hoped a miracle would happen, Got away from it for a while, tried to rest or take a vacation and tried to made themselves feel better by eating, drinking, smoking, using drugs or medication, etc. and accepted it, since nothing could be done. But smaller number of study participants did the rest of activities of escape avoidance stress coping activities.

Near to 60% of the study participants bargained or compromised to get something positive from the situation, and 67% changed something so things would turn out all right. But in the rest of the activities of plan full problem solving very small participants just below 50% of them did.

Table 2- Descriptive statistics of coping strategies of breast cancer patients

Coping strategies		Yes		No	
		n	%	N	%
Confrontive	I did something which I didn't think would work, but at least I was doing something	<b>140</b>	<b>53</b>	124	47
	I let my feelings out somehow	81	30.7	<b>183</b>	<b>69.3</b>
	Stood my ground and fought for what I wanted	<b>164</b>	<b>62.1</b>	100	37.9
	I accepted the next best thing to what I wanted.	92	34.8	<b>172</b>	<b>65.2</b>
	I took a big chance or did something very risky to solve the problem.	<b>169</b>	<b>64</b>	95	36
	I tried to get the person responsible to change	96	36.	<b>168</b>	<b>63.6</b>

	his/her mind.		4		
Distancing	Turned to work or substitute activity to take my mind off things	57	21.6	<b>207</b>	<b>78.4</b>
	I went along with fate; sometimes I just have bad luck	<b>193</b>	<b>73.1</b>	71	26.9
	I went on as if nothing had happened	50	18.9	<b>214</b>	<b>81.1</b>
	Looked for the silver lining, so to speak; tried to look on the bright side of things	78	29.5	186	<b>70.5</b>
	Didn't let it get to me; refused to think too much about it	<b>170</b>	<b>64.4</b>	94	35.6
	Made light of the situation; refused to get too serious about it	109	41.3	<b>155</b>	<b>58.7</b>
	Self-controlling	Tried not to burn my bridges, but leave things open somewhat.	<b>152</b>	<b>57.6</b>	112
I tried to keep my feelings to myself.		<b>192</b>	<b>72.7</b>	72	27.3
I tried not to act too hastily or follow my first hunch.		<b>153</b>	<b>58</b>	111	42
I tried to keep my feelings from interfering with other things too much		<b>165</b>	<b>62.5</b>	99	37.5
I went over in my mind what I would say or do.		96	36.4	<b>168</b>	<b>63.6</b>
I kept others from knowing how bad things were.		90	34.1	<b>174</b>	<b>65.9</b>
Seeking social support	Talked to someone to find out more about the situation	86	32.6	<b>178</b>	<b>67.4</b>
	Accepted sympathy and understanding from someone	62	23.5	<b>202</b>	<b>76.5</b>
	I got professional help	<b>258</b>	<b>97.7</b>	6	2.3
	Talked to someone who could do something concrete about the problem	<b>215</b>	<b>81.4</b>	49	18.6
	I asked a relative or friend I respected for advice	101	38.3	163	<b>61.7</b>
	Talked to someone about how I was feeling	95	36	178	<b>67.4</b>
Accepting responsibility	Criticized or lectured myself.	86	32.6	178	<b>67.4</b>
	I told myself things that helped me to feel better.	<b>202</b>	<b>76.</b>	62	23.5



			<b>5</b>		
	I made a promise to myself that things would be different next time.	76	28.8	<b>188</b>	<b>71.2</b>
	I apologized or did something to make up	68	25.8	<b>196</b>	<b>74.2</b>
Positive reappraisal	Changed or grew as a person in a good way.	<b>175</b>	<b>66.3</b>	89	33.7
	I came out of the experience better than when I went in.	<b>134</b>	<b>50.8</b>	130	49.2
	Found new faith.	<b>163</b>	<b>61.7</b>	101	38.3
	Rediscovered what is important in life	<b>163</b>	<b>61.7</b>	101	38.3
	I prayed.	<b>262</b>	<b>99.2</b>	2	0.8
	I was inspired to do something creative about the problem	51	19.3	<b>213</b>	<b>80.7</b>
	I changed something about myself	<b>155</b>	<b>58.7</b>	109	41.3
Escape avoidance coping activities	Hoped a miracle would happen.	<b>189</b>	<b>71.6</b>	75	28.4
	Slept more than usual.	72	27.3	<b>192</b>	<b>72.7</b>
	Got away from it for a while; tried to rest or take a vacation.	<b>201</b>	<b>76.1</b>	63	23.9
	Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.	<b>208</b>	<b>78.8</b>	56	21.2
	Avoided being with people in general.	63	23.9	<b>201</b>	<b>76.1</b>
	Refused to believe that it had happened.	72	27.3	<b>192</b>	<b>72.7</b>
	Accepted it, since nothing could be done.	<b>209</b>	<b>79.2</b>	55	20.8
	Wished that the situation would go away or somehow be over with	73	27.7	<b>191</b>	<b>72.3</b>
Plan full problem solving	Just concentrated on what I had to do next – the next step	71	26.9	<b>193</b>	<b>73.1</b>
	I tried to analyze the problem in order to understand it better	178	67.4	86	32.6

I felt that time would make a difference – the only thing to do was to wait	101	38.3	<b>163</b>	<b>61.7</b>
Bargained or compromised to get something positive from the situation	<b>158</b>	<b>59.8</b>	106	40.2
Changed something so things would turn out all right	<b>177</b>	<b>67</b>	87	33
I knew what had to be done, so I doubled my efforts to make things work	65	24.6	<b>199</b>	<b>75.4</b>
Came up with a couple of different solutions to the problem	55	20.8	<b>209</b>	<b>79.2</b>
I prepared myself for the worst	51	19.3	<b>213</b>	<b>80.7</b>
I jogged or exercised	79	29.9	<b>185</b>	<b>70.1</b>

From this the mean of practicing positive or averting coping strategies for breast cancer stress is  $25.48 \pm 3$ . The average positive coping strategy of the participants is below 50% of the coping strategy activities. And therefore, is negative coping stress. In other words, as few as 25% of the study participants have positive coping mechanism for breast cancer related stress as indicated by the pie chart below.

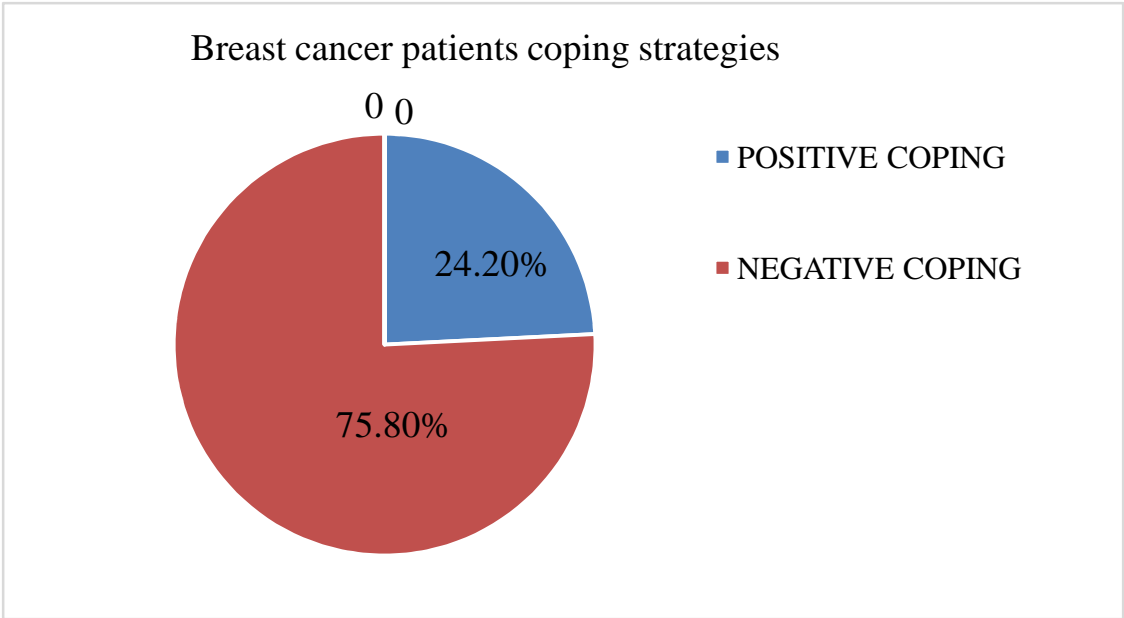


Figure 2-Positive and negative coping strategy practices of breast cancer patients in Tikur Anbessa specialized hospital.

### 5.3. Breast cancer coping stress and associated factors

Table 3- Breast cancer stress coping strategies and associated factors

Characteristics	Category	Coping Strategy		P value	COR	P value	AOR
		Negative (n, %)	Positive (n, %)				
Level of education	Uneducated	18, 9	1, 1.6	<b>0.018*</b>	-1.31 (0.102,0.729)	<b>0.019*</b>	-1.101 (0.133,0.835)
Occupation	Gov't workers	20, 10	2, 3.1	<b>0.048*</b>	.78(.102,0.214)		
Time of dx for BC	1-3 years	34, 17	7, 10.9	<b>0.05*</b>	0.616(0.262,0.914)	<b>0.04*</b>	0.642 (0.285,0.971)
Type of Rx	Combination therapy	59, 29.5	19, 29.7	<b>0.043*</b>	0.36(1.61,13.1)		
Social support	Yes	63, 31.5	18, 28.1	<b>0.034*</b>	.404(1.83,2.72)		

**\*P value significant at < 0.05**

As shown in the table3 above, in the binary logistics regression analysis being un educated, working in governmental organizations, 1-3 time of diagnosis for breast cancer, being taking combination chemotherapy and having social support have been associated with out came of stress coping strategies.

As shown in the table above the odds of stress coping strategies for breast cancer patients for those who didn't take formal education is higher than those who at least are educated. The more the participants are uneducated the higher negative coping mechanisms they practice. Un

educated breast cancer patients experience 11.1-fold of more likely practicing negative breast cancer coping strategies compared to those who were educated [COR: 13.1; 95% CI (0.102-0.729)].

With regard to occupation the odds of government workers were increased by 16.25 folds for positive stress coping strategy than the other occupations [COR: 0.78; 95% CI (0.102-0.214)]. The association among time of diagnosis and coping strategy also shows that participants diagnosed with in the last 1-3 years were 12.2 folds having positive coping mechanism than those who didn't diagnosed by that time [COR: 0.616; 95% CI (0.262-0.914)] and participants who take combined drug treatments were also have 8.2 folds higher odds of positive coping mechanism [COR: 0.36; 95% CI (1.61, 13.1)]. Finally, in the binary logistic regression patients with family support have associated with 11.88 folds of higher stress coping mechanisms than those who didn't have family support [COR: 0.404; 95% CI (1.83-2.72)].

However, in the multiple logistic regression analysis, only time of diagnosis for breast cancer within the range of 1-3 and being uneducated have been shown to associate with breast cancer stress coping strategies. Here social support, occupation, and type of treatment were found as cofounders of the study.

Uneducated breast cancer patients experience 57.9-foldless likely practicing positive breast cancer coping strategies compared to those who were educated [AOR:1.101; 95% CI (0.133-0.835)]. Participants diagnosed with in the last 1-3 years were 16.05 folds having positive coping mechanism than those who diagnosed before one year and after three years [AOR: 0.642; 95% CI (0.285-0.971)].

## 6. Discussion

The current study explored the stress coping strategy for breast cancer patients attending Tikur Anbessa specialized hospital. Around 264 breast cancer patients were participated in the study. The mean of practicing positive or averting coping strategies for breast cancer stress is 25.48 with standard deviation of 3. The average positive coping strategy of the participants was below 50% of the coping strategy activities. And therefore, is negative coping stress. In other words, as few as 25% of the study participants have positive coping mechanism for breast cancer related stress.

This is comparable with qualitative study conduct in Philadelphia, Pennsylvania on women with breast cancer which use different ways of coping include drinking alcohol, which is supposed to be negative coping strategy (16). However, the current study is not consistent compared to a study conducted on women with breast cancer in Australia who used in active adaptive coping was by engaging the importance of accepting their diagnosis and engaging in physical activities that provided social and emotional support including greater appreciation for life(4). This may be due to difference in life status and socio demographic status of Australia and Ethiopian people. According to the 2017 world fact books the Australian GDP and per capital income of individuals is \$50,300 and Ethiopians is \$2,200.

Study conducted in North Sumatera, Indonesia shows that around 102 cancer patients were taking chemotherapy treatment and near to 68.6% had good family support, (65.7%) were highly to use the Problem-Focused Coping (PFC), (30.4%) were highly to use the Emotion-Focused Coping (EFC) strategy. Yet near to 52% experienced moderate coping strategy and only 2% experienced severe anxiety(6). This is far from our study to compare in that more than 75% of study participants have negative coping mechanisms and around 201 patients using combination therapies and only 44 patients using chemotherapy treatment. However, the current study shows consistencies in the number of patients who have family support in which around 69.3% of the patients in the current study had family support. This may be due to difference in research tool, study design, methodology and way of analysis applied for the studies.

Majority 62.1% of the participants stood on their ground and fought for what they wanted, and around 64% of the participants took a big chance or did something very risky to solve their

problems by confrontive stress coping strategy. This is congruent comparing with the studies conducted in Springer, Berlin(21) and Taiwan(7). The current study is not consistent however compared to Iranian study which found that using problem-focused coping can be effective for adjusting the psychological reactions in the breast cancer patients and those with high self-esteem are confident of their ability to confront cancer; therefore, they are less likely to apply emotion-focused strategies. Most participant uses different stress coping skills such as creative thinking, problem-solving, flexible behaviors and giving proper feedback in any given position, can be useful, depending on the nature of the position and the individual's vulnerabilities and capabilities(14). This may be due to difference in the cultural context and educational level of participants in each study areas.

Participant in the current study revealed that they cope from stress of breast cancer by distancing doing the activities of coping strategies. Above 64% of them "didn't let it get to them; refused to think too much about it" and more than 73% of them cope for stress for they went along with fate; sometimes they just have bad luck. This is consistent compared to the studies in Lebanon(1) and Taiwan (7). Yet significant differences have seen when compared to a study conducted in Egypt(22) in which large magnitude of patients having breast cancer used acceptance, religion, and emotional support in coping with the stress. This may be due to cultural practice differences and social ideological differences.

In the self- controlling coping mechanisms of stress, the higher percentages of participants do most of the activities for positive coping strategy. Except 36.4% went over in their mind what they would say or do and 34.1 % kept others from knowing how bad things were. Comparing to the study conducted in Zambia which identified that mostly used coping mechanisms for the patient is seeking social support, reliance on God, positive suggestion/attitude or re-affirmation and acquisition of information and education(1). However, the current study come to oppose with study conducted in Philadelphia(16). This may because of the sample size is higher in the current study and higher sample size may give greater opportunity for generalizability.

Regarding seeking social support more than 81% of the study participants talked to someone who could do something concrete about the problem and except only 6 near to 98% of them got professional help. But the rest of seeking social support activities had a smaller number of

participants doing them. Most of the study participants didn't do all activities of accepting responsibilities except only 76.5% of them told themselves things that helped them to feel better. While Only 19.3% of study participants didn't inspired to do something creative about the problem of positive re appraisal, but the higher number of participants do them for the rest activities of positive reappraisal.

This is consistent compared to the studies conducted in North Sumatera ,Indonesia(4) and a meta-analyses study conducted in California, America(6) in which around 87% of study participants in the study in north Sumatra and 91% in California seek professional help although same study participants had higher degree of performing activities for seeking social support.

From escape avoidance coping activities more than 72% of the participants hoped a miracle would happen, got away from it for a while, tried to rest or take a vacation and tried to made themselves feel better by eating, drinking, smoking, using drugs or medication, and accepted it, since nothing could be done. But smaller number of study participants did the rest of activities of escape avoidance stress coping activities. Near to 60% of the study participants bargained or compromised to get something positive from the situation, and 67% changed something so things would turn out all right. But in the rest of the activities of plan full problem solving very small participants just below 50% of them did. This is congruent compared to the study conducted in Iran (14) and Lebanon (1). As more than 70% of participants from Iran and nearly 63 patients from Lebanon hoped a miracle would happen, got away from it for a while tried to rest or take a vacation. Although only few 12% bargained to get something positive in the Iranian study and nearly 65% of study participants in Lebanon believed that bargained to get something positive from the condition.

Studies conducted in USA suggested that the levels or quality of social support are associated with stress coping strategies in influencing emotional or physical well-being(23). Similar study in Iran show that the effectiveness of social support in improving emotional well-being (14). This is congruent compared to our study in which social support has been found associated with stress coping strategies in the binary logistics regression analysis.

A study shows that Dehradun, India the prevalence of psychological distress was found to be significantly higher in female patients, older age, patients with no formal education,

unemployment and lower socio-economic status(15) another parallel study in Egypt shows that the socio-demographic factor for breast cancer patients indicate that the average age was >40 years and about half of them were illiterate, most of them were housewives and married (22).This is fairly consistent compared to the current study.

In the current study time of diagnosis for breast cancer within the range of 1-3years and being uneducated have been shown to associate with breast cancer stress coping strategies. This is congruent to most of the studies conducted on breast cancer stress coping strategies like the Indian study (15) and the Egyptian study (22).

As few as 25% of the study participants in the current study have positive coping mechanism for breast cancer related stress however, more than 75% of the study participants have higher practices of negative coping strategies. A study conducted in Ethiopia also signifies that that most of the participants used negative coping activities like poor communication with health care professionals about their disease process. Educational and occupational statuses of the participants and being married were positively associated with positive coping approaches of the respondents(13).Although marital status didn't associate with higher levels of positive coping strategies in the current study the other results of the study came consistent.



## 7. CONCLUSION AND RECOMMENDATIONS

### 7.1. Conclusion

This study was aimed to assess coping strategies of stress among breast cancer patient. Different literatures were searched to see the finding of coping strategies in other worlds. This study was conducted in Addis Ababa, Ethiopia, at TASH oncology unit and the data collection period was from February to April 2020.

The pre-test was done in Saint Paula's Millennium Hospital oncology unit and 13 breast cancer patients were participated in the study.

Most of the participants are from 40-54 years old. According to the marital status, most of participants are married. According to the educational status most of participants are literate. The majority of the participants have fixed monthly income. Most of the participants are house wives. Time of diagnosis for breast cancer within the range of 1-3 and being uneducated has been shown to associate with breast cancer stress coping strategies. The mean of practicing positive coping strategies for breast cancer stress is  $25.48 \pm 3$ . And therefore, is negative coping stress

The result of this study shows that the majority of patients had negative coping activities in many categories. Around 64% of the participants solve their problems by confrontive stress coping strategy. More than 73% participants solve their problems by distancing stress coping strategy. In the self- controlling coping mechanisms of stress, the higher participants do most of the activities for positive coping strategy.

Being uneducated, working in governmental organizations, 1-3 time of diagnosis for breast cancer, being taking combination chemotherapy and having social support have been associated with outcome of stress coping strategies.

### 7.2. Recommendations

#### **For policy makers and programmers**

- Better to establish organization to work on the coping mechanism
- Better to take special attention on the accessibility of cancer treatment and social support in order to address the use different coping strategies.
- Addressing positive coping activities and discourage negative coping activities.

### **For Educators**

- Improving cancer awareness rising at community is important
- Promoting social and psychological support needs to be incorporated in addition to the physical care in our settings.
- Equipping nurses working in oncology unit giving short and special training on how to educate breast cancer patient in order to use different coping strategies.
- Comprehensive trainings should be given for the residents and other health care providers working in the oncology unit regarding coping strategies of stress.

### **For Future Researchers**

- Further studies on coping strategies of stress among breast cancer patient that can address the limitations of this study.
- Further national-wide research (quantitative and qualitative) should be conducted

### **7.3. Strength of the study**

- ❖ The author used standardized and validated tools and other additional tool adopted.
- ❖ Pre-test was done before actual data collection.
- ❖ The study properly addressed the proposed objectives.
- ❖ The result of this study could be baseline for further studies on the area.

### **7.4. Limitations of the study**

As the author saw the limitation of this study could be:

- Using cross-sectional study design as this does not show the causality of the problem.
- Short study period
- Because the non-probability sampling technique used, the study result may not be representative for general population.
- There was recall bias on some variables.
- Some challenge during data collection period the patient flow of referral hospital had decreased because of the COVID-19.

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## 9. ANNEX

Self-administered Questionnaire for assessment of Coping Strategies of Stress in Breast Cancer Patient at Tikur Anbessa Specialized Hospital,

Questionnaire identification number\_\_\_\_\_

This questionnaire is prepared by Addis Ababa University, School of nursing and midwifery for the partial fulfillment of master's science in clinical oncology nursing, to study on Coping Strategies of Stress. The information from this study will build from other studies already done on similar topic on Coping Strategies of Stress in Breast Cancer Patient. You are kindly requested to participate on this study. You will not write your name. In this format and all information you write will remain strictly confidential. Your participation is voluntary and you are not obliged to answer any question you do not wish to answer. If you feel with the interview please feel free to stop at any time.

For further information you can contact us on:-0913793948

Or yitayala27@gmail.com

If you willing to participate, go to page 2

If not, please write the reason\_\_\_\_\_

No.	<b>Part I:Demographic data</b>	
1	Age (years)	..... Year
2	Religion	A. Orthodox B. Muslim C. Protestant D. Catholic
3	Education	A. No Education B. Primary School C. Secondary School D. Preparatory and above
4	Marital status	A. Married B. Single C. Divorced D. Widowed
5	Residence	A. Addis Ababa B. Out of Addis Ababa
6	Occupation	A. Housewife B. Government employee C. Non-government employee D. Farmer E. Merchant
7	Monthly income	.....ETB
8	Duration since diagnosis of breast Cancer	..... Years

9	Type of treatment Received	A. Chemotherapy B. Radiotherapy C. Surgery D. Combination or hormonal therapy
10	Social support	A. Yes B. No
11	If question number 10 is yes specify	A. Family B. Relatives C. Friends D. Acquaintances E. Physicians F. Nurses

**Part II Coping activities lists**

1= No

2= Yes

<b>Confrontive</b>		<b>1</b>	<b>2</b>
12	I did something which I didn't think would work, but at least I was doing something		
13	I let my feelings out somehow		
14	Stood my ground and fought for what I wanted		
15	I accepted the next best thing to what I wanted.		
16	I took a big chance or did something very risky to solve the problem.		



17	I tried to get the person responsible to change his/her mind.		
	<b>Distancing</b>		
18	Turned to work or substitute activity to take my mind off things		
19	I Went along with fate; sometimes I just have bad luck		
20	Went on as if nothing had happened		
21	Looked for the silver lining, so to speak; tried to look on the bright side of things		
22	Didn't let it get to me; refused to think too much about it		
23	Made light of the situation; refused to get too serious about it		
	<b>Self controlling</b>		
24	Tried not to burn my bridges, but leave things open somewhat.		
25	I tried to keep my feelings to myself.		
26	I tried not to act too hastily or follow my first hunch.		
27	I tried to keep my feelings from interfering with other things too much		
28	I went over in my mind what I would say or do.		
29	I kept others from knowing how bad things were.		
	<b>Seeking social support</b>		
30	Talked to someone to find out more about the situation		
31	Accepted sympathy and understanding from someone		
32	I got professional help		

33	Talked to someone who could do something concrete about the problem		
34	I asked a relative or friend I respected for advice		
35	Talked to someone about how I was feeling		
	<b>Accepting responsibility</b>		
36	Criticized or lectured myself.		
37	I told myself things that helped me to feel better.		
38	I made a promise to myself that things would be different next time.		
39	I apologized or did something to make up.		
	<b>Positive reappraisal</b>		
40	Changed or grew as a person in a good way.		
41	I came out of the experience better than when I went in.		
42	Found new faith.		
43	Rediscovered what is important in life		
44	I prayed.		
45	I was inspired to do something creative about the problem		
46	I changed something about myself		
	<b>Escape avoidance coping activities</b>		
47	Hoped a miracle would happen.		
48	Slept more than usual.		
49	Got away from it for a while; tried to rest or take a vacation.		
50	Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc.		

51	Avoided being with people in general.		
	Took it out on other people.		
52	Refused to believe that it had happened.		
53	Accepted it, since nothing could be done.		
54	Wished that the situation would go away or somehow be over with		
	<b>Plan full problem solving</b>		
55	Just concentrated on what I had to do next – the next step		
56	I tried to analyze the problem in order to understand it better		
57	I felt that time would make a difference – the only thing to do was to wait		

58	Bargained or compromised to get something positive from the situation		
59	Changed something so things would turn out all right		
60	I knew what had to be done, so I doubled my efforts to make things work		
61	Came up with a couple of different solutions to the problem		
62	I prepared myself for the worst		
63	I jogged or exercised		

ለግምገማ መሰረት የሚቀናበር መዘድ

በጥቁር አንባባ ስፔሻላይዜድ ሆኑጋታ በጠቅ ካንሰር ህመማችን ላይ ወጥረትን ለመቀነስ የሚያደጋግጥን ለመግምገማ መሰረት የሚቀናበር መዘድ

መዘድ መታወቂያ ቁጥር- \_\_\_\_\_

ይህ መዘድ በዋናነት በክለሲካል ኦንኮሎጂ ነርሶች ለመከተርስ ሳይንስ ከፊል ፍጻሜ ለማድረግ በአዳዲስ አበባ ዩኒቨርሲቲ፣ የነርሶች እና አዋላጅ ነርሶች ትምህርት ቤት ተዘጋጅቷል ። የዚህ ጥናት ሚጃ በጠቅ ካንሰር ህመማችን ላይ የሚከሰተውን ወጥረትን ለመቀነስ የሚያደጋግጥ ለመቀነስ ላይ ላይ ቀደም ሲል ከተደረጉት ሌሎች ጥናቶች ይገነባል። ስምን አይጻፉ። እርስዎ የሚጻፉት ሚጃ በሙሉ በሚከተል የተጠበቀ ይሆናል። ። የእርስዎ ተሳትፎ በፈቃደኝነት ስለሆነ ምላሽ ለመስጠት የሚፈልጉትን ማንኛውንም ጥያቄ የመለስ ግዴታ የለብዎትም ። በቃለ መዘድ ከተሰማት እባክዎን በማንኛውም ጊዜ ለመቆየት ይህን ። ።

ለተጨማሪ ሚጃ በስልክ ቁጥር -0913793948 ማገናኘት ይችላሉ ወይም

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ለመተኛ ከፊለጉ ወደ 782 ይሂዱ

ካልሆነ እባክዎን ምክንያቱን ይጻፉ \_\_\_\_\_

ቁጥር	ክፍል 1- የሥነ-ሕዝብ ሚዛን	
1	ዕድሜ (ዓመታት)	.....
2	ሀይማኖት	ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐፕሮቴስታንት ማኅተላክ
3	ትምህርት	ሀ. ምንም ትምህርት ያልተሟላ ለ. አንደኛ ደረጃ ትምህርት የተሟላ ሐ. ሁለተኛ ደረጃ ትምህርት የተሟላ መ. መብረህና ከዛ በላይ የተሟላ
4	የጋብቻ ሀኪታ	ሀ. ያገባ/ች ለ. ያላገባ/ች ሐ. አግብቶ የፈታች መ. ለሌላ ምክንያት
5	ሜሪት	ሀ. አዲስ አበባ ለ. ከአዲስ አበባ ወጪ
6	ሥራ	ሀ. የሥራ አገልግሎት ለ. የሥራ ማግኘት ሠራተኛ ሐ. የሥራ ማግኘት ሠራተኛ ያልሆነ መ. በግል ሠ. ነጋዴ

7	ወርአዊ ገቢ	.....ብር		
8	የጠቅ ካንሰር ምርመራ ከተደረገ ምን ያክል ጊዜ ነው?	.....አመት		
9	የተቀበሉት የሕክምናው ዓይነት ምንድነው?	ሀ. ከምኔራፒ ለ. ሬዲዮቴራፒ ሐ. ቀዶ ጥገና መብጥምሂት ወይም የሀርግም ቴራፒ		
10	ማህበራዊ ድጋፍ	ሀ. አለ ለ. የለም		
11	የጥያቄ ቁጥር 10 መጠን አዎ ካሉ ይግለጹ	ሀ. ዘመቻ ለ. ቤተሰብ ሐ. ጓደኞች መ. የስራ ባልደረባ ሠ. ሐኪሞች ረ. ነርሶች		
	<b>ክፍል II- የመድኃኔ አገልግሎት ማግኘት</b> 1 = አይደለም 2 = አዎ	<b>1</b>	<b>2</b>	
12	ደሰራል ብዬ ያላሰብኩትን አንድ ነገር አድርጌያለሁ			
13	ስሜን በሆነ መንገድ አወጥቼያለሁ			
14	ለፈለግሁት ነገር ታገልኩኝ			

15	በቀጣይ የግዴልገዛ ጥሩ ነገር ተቀብሎልው		
16	ቸግሩን ለመቅረፍ ትልቅ እድል ወይም አደገኛ የሆነ ነገር አደረኩኝ		
17	የሰዎችን ሀሳብ ለማስቀየር ኅላፊነት ለመውሰድ እየሞከርኩ ነው		
	<b>አቀጣጫ</b>		
18	ነገሮችን ማወጣት ወይም አእምሮ ለማጠናቀቅ ተተኪ ሥራ መስራት		
19	በእድል ጋር አብሮ መሄድ፣ አንዳንድ ጊዜ እኔ ማጭ ዕድል አግኝቻለሁ		
20	ግንግም እንዳልተፈጠረ መሆን		
21	ነገሮችን በብዙህ ጎን ለመጥጥ ሞክረዋል		
22	ለእኔ እንደደርሰ አልፎታል፤ ስለ እሱ ብዙ ለማኅብ ፈቃደኛ አልሆነም		
23	ሁኔታዎን ቀለል አደረጉ; ከባድ ነገር ላይ እጅ ላለመክጠት ፈቃደኛ አልሆኑም		
	<b>ራስን መቆጣጠር</b>		
24	ነገሮችን በተወሰነ መጠን ክፍት አደርጓቸው :		
25	የሚሟሟን ስሜን ለእራሴ ለማየት ሞክርኩ።		
26	እኔ በቸካላ እርምጃ ላለመሄድ ወይም የሚሟሟውን ግምገማን ላለመክተል ሞክርኩ :		
27	ስሜንቴን ከለላት ነገሮች ላይ እንዳይስተጓጉል ለማረጋገጥ ሞክርኩ		
28	እኔ ከአእምሮ በላይ የግንግረዎን ወይም የሚረገግዎን		

	አደረኩ		
29	ነገሩ ጉዳት እንዳለው እያወከኝ ከሌሎች ሰዎች በሚባሉ ያገከኩት		
	<b>ማህበራዊ ድጋፍን ማለግ</b>		
30	ስለ ሁኔታዎቹ በለጠለሁዎቻቸው ከአንድ ሰው ጋር ተነጋገርኩ		
31	ከአንድ ሰው ተቀበለው ርህራሄ እና መግባባት አለ		
32	የባለሙያ እርዳታ አገኘሁ		
33	የትግሩን ተጨማሪ ነገር ሊያደርግ ከሚችል ሰው ጋር ተነጋገርኩ		
34	ግክርን ከዘመድ ወይም ከጓደኛ ጠየቅኩ		
35	የተሰማኝን ስሜት ለሰው ተናገርኩ		
	<b>ኃላፊነትን መቀበል</b>		
36	ራሴን ተትኝለሁ ወይም አስተምጭ ለሁኑ		
37	ጥሩ ስሜት እንዲሰማኝ የሚደረግ ነገሮችን ለእራሴ ነገር ከኝኝ።		
38	በሚቀጥለው ጊዜ ነገሮች እንደሚሰሩ ለራሴ ቃል ገባሁ		
39	ይቅርታ ጠይቄ አለው		
	<b>አምነታዊ በድጋሚያ ግጥም</b>		
40	በመጠኑም ሁኔታ እንደሰው ተለወጠ ወይም አደገ።		
41	ወደ ወሰን ከገባሁበት ጊዜ በተሻለ ተግክርው ወጣሁ።		
42	አዳስ እምነት አገኘሁ።		



43	በሕይወት ውስጥ አስፈላጊ የሆነ ወን ነገር እንደገና አግኝቻለው፡፡		
44	ጸሎት አደረገኩኝ፡፡		
45	ለችግሩ የፈጠራ ስራ ለመስራት ተነሳስቻለው		
46	ስለ ራሴ የሚታወቅ ነገር ቀይሬታ አለው		
	<b>ድርጊቶችን ለመጥቀም መሞከር</b>		
47	ተአምር በፈጠራ እመኛለው		
48	ከተለመደው በላይ መቻላት፡፡		
49	ለጥቂት ጊዜ ከዚያ ርቀህ ሂደት ለሚፈጸም ወይም ዕረፍት ለመውሰድ ማክረግ፡፡		
50	በመጠኑ፣ በመዘገብ፣ በሜዳ፣ አደንዛኝ ፅፅ ወይም መደሃኒት በመጠቀም እራሴን ጥሩ ስሜት እንዲሰማኝ አድርጌአለው፡፡		
51	በአጠቃላይ ከሰዎች ጋር መሆን አይፈልገውም በለሎች ሰዎች ላይ በሚገኝ አስወጥተውታል፡፡		
52	የተፈጸመ ነገር ለማወቅ ፈቃደኛ አልሆነም፡፡		
53	ምንም ሆኖ ስለሚታዩ ተቀብሎት፡፡		
54	ሁኔታው በጠፋ ወይም በሆነ መንገድ በሆነ ተመሳሳይ ነገር ተግባርን ለመፍታት አቀድሯል፡፡		
55	በቀጣይ ማድረግ ያለብኝን ነገር ላይ ብቻ አተኩራለው		
56	ችግሩን በተሻለ ለመቻሉ እና ለመረዳት ማከፊያ ለሁ		
57	ጊዜ ለወጥ እንደሚመጣ ተሰማኝ ስለዚህ ማድረግ ያለብኝ		

	ነገር ቢኖር መጠበቅ ብቻ ነበር		
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58	ከሁኔታው አምንታዊ የሆነ ነገር ለማግኘት ደርደር ወይም ስምምነት ተደርጓል		
59	ነገሮችን መለወጥ ስለዚህ አንድ ነገር በትክክል ይቀየራል		
60	ምን መደረግ እንዳለበት ገባኝ፣ ስለሆነ ምን ገሮች ላይ እንዳሰሩ ጥረቴን በእጥፍ ጨምራለሁ		
61	ለተግሩ የተለያዩ መፍትሄዎችን ማግኘት		
62	ለመጠይቅ ስሜት እራሴን አዘጋጅሁ		
63	እንደሆነው ወይም እንቅስቃሴ አደርጋለሁ		

